	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	Rhode Island
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2001
5. TYPE OF PLAN MATERIAL (Check One):	0.0000000000000000000000000000000000000
	A Charles Assert Control of the Article Control of the Control of
	DNSIDERED AS NEW PLAN X AMENDMENT
	NDMENT (Separate Transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2001 \$ 242,000
Title XIX of the Social Security Act	b. FFY 2002 \$ 315,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 6 to Attachment 2.6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 6 to Attachment 2.6-A
$g(x) = g(x) + f(x) \cos(x)$ () ()	Div.
10. SUBJECT OF AMENDMENT: •	
Standards for Optional State S	
11. GOVERNOR'S REVIEW (Check One):	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	See Attached Letter
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME:	Dorothy Karolyshyn
Christine C. Ferguson 14. TITLE:	Department of Human Services 600 New London Avenue
Director	Cranston, RI 02920
15. DATE SUBMITTED: 1/2/04	
FORALGIENALGI	
17. DATE RECEIVED: The provided and the state of the stat	PARAMETERS IN THE STATE OF THE
7-8-01	DESCRIPTION OF THE AND IN STREET OF THE SECTION OF THE AND ADDRESS OF THE SECTION
19. EFFECTIVE DATE OF APPLAOVED MATERIAL: MICH.	
21. TYPED NAME: Ronald Preston	2/11/06 Regional Administrator
23 REMARKS:	
	jest jest ver inne ober ist sterende pen an Trik divinger a noedud, use innd payter.
udica i sual constant a di una producta di calenda d	ki sautem die ngriese er typene e filosoppedel is enstaller, en ligt enhalt. Padel to helicite, erbei ligtere han erstennin ben hasser, and enstallig i transporter. Miljohne et namet 1, 2015 is watere til region his recordance else er geleichen.

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State: RHODE ISLAND STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

 	PAYMENT CATEGORY	ADMINISTERED BY	AB CEN		INCOME	LEVEL		INCOME DISREGARDS
				GROSS	SS.	NET		GENOTAWE
(Rea	(Reasonable Classification)	Federal	State	One Person	Couple	One Person	Couple	
	(1)	(2)		(3)		(4)		(5)
Inst <u>Indi</u>	Institutionalized Individual (ABD)							
A) *	Would receive payment if in community		×	\$1,273.70	NA	\$ 594.35	NA	ISS
8)	Would not receive payment in community		×	\$1,590.00	NA	* \$ 50.00	NA	SSI
0	Receives payment	×		Under \$50.00	NA	* \$ 50.00	NA	ISS
Сопп	Community ABD							
A)	Living independently (includes domiciliary facilities)	×		\$1,273.70	\$1,918.00	\$ 594.35	\$916.50	ISS
B)	Living in home of another	×		\$ 940.88 \$	\$1,419.34	\$ 427.94	\$667.17	SS
0	Residential Care and Assisted	×		\$1,590.00	~	\$1,112.00		ISS

Individual with no dependents receives \$50 for personal needs plus insurance premium for Part B. Remaining income is applied to cost of care. When an individual with no income receives a \$30 payment from SSI, the State supplements an additional \$20 to bring his/her personal needs allowance up to \$50. Approval Date: Effective Date: 01/01/2001 Remaining

TN No. 01-001 Supersedes TN No. 00-001

3-87-01